

<i>SERFF Tracking Number:</i>	<i>AMFD-127833190</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50288</i>
<i>Company Tracking Number:</i>	<i>5038</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Individual Life Insurance Conversion Application</i>		
<i>Project Name/Number:</i>	<i>5038/5038</i>		

Filing at a Glance

Company: Sagicor Life Insurance Company

Product Name: Individual Life Insurance

SERFF Tr Num: AMFD-127833190 State: Arkansas

Conversion Application

TOI: L08 Life - Other

SERFF Status: Closed-Approved-
Closed

State Tr Num: 50288

Sub-TOI: L08.000 Life - Other

Co Tr Num: 5038

State Status: Approved-Closed

Filing Type: Form

Author: Francine Cardon

Reviewer(s): Linda Bird

Date Submitted: 11/17/2011

Disposition Date: 11/21/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 5038

Status of Filing in Domicile: Authorized

Project Number: 5038

Date Approved in Domicile: 11/08/2011

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/21/2011

State Status Changed: 11/21/2011

Deemer Date:

Created By: Francine Cardon

Submitted By: Francine Cardon

Corresponding Filing Tracking Number:

Filing Description:

RE: Sagicor Life Insurance Company

NAIC No.: 60445; FEIN: 74-1915841

Form Nos.: 5038 Individual Life Insurance Conversion Application

The above referenced form is submitted for your review and approval. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards. The document is a final printed version. The Conversion Application will be used for Term Life, Whole Life, and Universal Life products.

SERFF Tracking Number: AMFD-127833190 State: Arkansas
Filing Company: Sagicor Life Insurance Company State Tracking Number: 50288
Company Tracking Number: 5038
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: Individual Life Insurance Conversion Application
Project Name/Number: 5038/5038

Form 5038 will be in paper and electronic format. If the electronic format is utilized, all required signatures will be verified by assigning a code to the proposed insured/policyowner. If the agent is present, the agent must verify that the person signing is whom they claim to be, by asking for a government issued identification form, such as a passport or a driver's license. If the agent is not present, the signer must insert the code prior to viewing and signing the application

Please note that we may change the appearance and pagination but not the text of these forms to comply with future changes in print systems. No font will be less than 10 point size. The color and/or weight of the paper may change. No changes to the text other than corrections of typographical errors will be made to the forms without re-filing them with you.

Should you have any questions, please contact me toll-free at 480.425.5100 ext. 5652, or via electronic mail at francine_cardon@sagicor.com.

Thank you for your consideration.

Sincerely,

Francine Cardon

Company and Contact

Filing Contact Information

Francine Cardon, Compliance Analyst
4343 N. Scottsdale Road
Suite 300
Scottsdale, AZ 85251

Francine_Cardon@sagicor.com
480-425-5100 [Phone]
480-425-5150 [FAX]

Filing Company Information

Sagicor Life Insurance Company
4343 N. Scottsdale Road
Suite 300
Scottsdale, AZ 85251
(800) 531-5067 ext. 5653[Phone]

CoCode: 60445
Group Code: 3766
Group Name:
FEIN Number: 74-1915841

State of Domicile: Texas
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes

SERFF Tracking Number: *AMFD-127833190* *State:* *Arkansas*
Filing Company: *Sagicor Life Insurance Company* *State Tracking Number:* *50288*
Company Tracking Number: *5038*
TOI: *L08 Life - Other* *Sub-TOI:* *L08.000 Life - Other*
Product Name: *Individual Life Insurance Conversion Application*
Project Name/Number: *5038/5038*
Fee Explanation: *Domicile state filing fee is \$100.*
Per Company: *No*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Sagicor Life Insurance Company	\$100.00	11/17/2011	53826897

<i>SERFF Tracking Number:</i>	<i>AMFD-127833190</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50288</i>
<i>Company Tracking Number:</i>	<i>5038</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Individual Life Insurance Conversion Application</i>		
<i>Project Name/Number:</i>	<i>5038/5038</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/21/2011	11/21/2011

<i>SERFF Tracking Number:</i>	<i>AMFD-127833190</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50288</i>
<i>Company Tracking Number:</i>	<i>5038</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Individual Life Insurance Conversion Application</i>		
<i>Project Name/Number:</i>	<i>5038/5038</i>		

Disposition

Disposition Date: 11/21/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMFD-127833190</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Sagicor Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50288</i>
<i>Company Tracking Number:</i>	<i>5038</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>Individual Life Insurance Conversion Application</i>		
<i>Project Name/Number:</i>	<i>5038/5038</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Form	Individual Life Insurance Conversion Application		Yes

SERFF Tracking Number:	AMFD-127833190	State:	Arkansas
Filing Company:	Sagicor Life Insurance Company	State Tracking Number:	50288
Company Tracking Number:	5038		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Individual Life Insurance Conversion Application		
Project Name/Number:	5038/5038		

Form Schedule

Lead Form Number: 5038

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	5038	Application/ Individual Life Enrollment Insurance Form Conversion Application	Initial		50.700	5038 Con App file copy 11.17.11.pdf



LIFE INSURANCE COMPANY

INDIVIDUAL LIFE INSURANCE CONVERSION APPLICATION

SECTION 1 – Select Coverage

Term Policy No.: _____ Insured Name: _____

I hereby request a conversion of: ☐ Full Term Policy ☐ Partial Term* Policy in the amount of \$ _____

*Partial Term not available for ZZ Term plans

Balance of Term Policy: ☐ To be Continued ☐ To be Terminated

Whole Life or Universal Life Plan Selection: _____

Whole Life – **Automatic Premium Loan Option (select one)** ☐ Yes ☐ No

Whole Life – Waiver of Premium Rider ☐ Yes ☐ No *(available only if have Waiver of Premium Rider with current policy)*

Universal Life – Select one: ☐ Guideline Premium Test ☐ Cash Value Accumulation Test

Universal Life – Select one: Death Benefit Option: ☐ A ☐ B

SECTION 2 – Premium Information

Premium Collected with Application: \$ _____ Draft Initial Premium: ☐ Yes ☐ No

☐ 1st Year Only \$ _____ ☐ 2nd Year and Thereafter \$ _____

☐ Premium for All Years \$ _____

Mode: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly EFT *(Complete an Electronic Funds Transfer (EFT) Authorization)*

SECTION 3 – Proposed Owner Information

(If different than current policy owner or if owner information has changed. If proposed owner is a trust, please provide a copy of the Title and Signature pages.)

Name: _____ Date of Birth / Trust Date: _____
(First) (MI) (Last)

Street Address: _____
City State Zip Code

Social Security Number / Tax ID: _____ E-Mail Address: _____

Telephone No: Home: _____ Other: _____

Government Issued Picture ID: Type/State: _____ Number: _____

Is the Proposed Owner a U.S. Citizen? ☐ Yes ☐ No Alien Registration Number: _____
(If NO, please complete a Foreign Travel & Residence Questionnaire)

SECTION 4 – Beneficiary Information

(If different than term policy beneficiary(s) - If there are Additional Beneficiaries, attach information on a separate sheet of paper.)

Primary Beneficiary Name: _____ Relationship: _____

Street Address: _____
City State ZIP Code

Social Security Number/Tax ID: _____ Date of Birth/Trust Date: _____

Is the Primary Beneficiary a U.S. Citizen? ☐ Yes ☐ No Alien Registration Number: _____
*(If **NO**, please complete a Foreign Travel & Residence Questionnaire and provide an Alien Registration Number.)*

Contingent Beneficiary Name: _____ Relationship: _____

Street Address: _____
City State ZIP Code

Social Security Number/Tax ID: _____ Date of Birth/Trust Date: _____

Is the Contingent Beneficiary a U.S. Citizen? ☐ Yes ☐ No Alien Registration Number: _____
*(If **NO**, please complete a Foreign Travel & Residence Questionnaire and provide an Alien Registration Number.)*

SECTION 5 – Payor Information

(If different from the Proposed Owner. If this is a Trust, please provide a copy of the Title and Signature pages.)

Name: _____ Date of Birth / Trust Date: _____
(First) (MI) (Last)

Street Address: _____
City State Zip Code

Social Security Number / Tax ID: _____ E-Mail Address: _____

Telephone No: Home: _____ Other: _____

Government Issued Picture ID: Type/State: _____ Number: _____

Is the Proposed Owner a U.S. Citizen? ☐ Yes ☐ No Alien Registration Number: _____
*(If **NO**, please complete a Foreign Travel & Residence Questionnaire)*

1. Does the Proposed Owner have one of the following relationships with the Proposed Insured: Spouse, Child, Parent, Grandchild, Grandparent, Brother, or Sister? ☐ Yes ☐ No If "Yes", Relationship: _____
2. If "No" to the above question, is the Proposed Insured a legal dependent, under Federal tax law, of the Proposed Owner or is the Proposed Owner the legal guardian of the Proposed Insured? ☐ Yes ☐ No
3. If "No" to the above questions, does the Proposed Owner have a lawful and material economic interest in having the life of the Proposed Insured continue? ☐ Yes ☐ No

SECTION 6 – Lost Policy Certification

(Only complete if a Full Term Conversion with a lost policy)

I acknowledge that the policy that I am converting and all riders will be surrendered upon issuance of the policy for which I am applying, and I certify that: (check one)

- ☐ The policy is being delivered to the Company with this application; or
- ☐ The policy and any duplicates thereof have been lost or destroyed.

SECTION 7 – Additional Information/Special Request or Instructions:**SECTION 8 – Fraud Warning**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

SECTION 9 – Acknowledgement

To the best of my knowledge and belief, the statements and answers given on this form are true, complete, and correctly recorded. I understand that a policy does not go into effect and no liability exists for Sagicor until the policy is delivered and accepted by the Owner(s), and the first full premium is paid. I understand and agree that no producer may accept risks or pass upon insurability, make or modify contracts, or waive any of Sagicor's rights or requirements. I have received, when applicable, a copy of the "Accelerated Benefit Insurance Rider Disclosure Statement".

IT IS AGREED THAT:

1. The effective date of the newly converted policy cannot be later than the paid to date of the term policy.
2. Any assignment on the term policy shall be transferred to the newly converted policy.
3. The portion of the term policy that is converted terminates when the new policy takes effect.
4. The ownership and beneficiary designations of the new policy will be the same as the term policy unless a change is made to either or both.
5. This term conversion application shall be attached to and made part of the policy.
6. Except as limited under any reinstatement provision, the time limit specified in the Incontestability and Suicide provision will be measured from the policy date of the term policy being converted, and the application for that term policy will be attached to and made part of the new policy.

Under the penalties of perjury, by my signature on this application, I certify that: (1) the Social Security number shown on this application is my correct taxpayer identification number, and (2) I am not subject to back-up withholding either because I have not been notified by the IRS that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to back-up withholding.

Signed: _____
City State

Date Signed: _____

Proposed Insured Signature
(If a minor, signature of parent or guardian)

Proposed Owner's Signature
(If other than the Proposed Insured or Trustee)

Writing Producer's Name (Please Print)

Trustee or Additional Signature (if necessary)
(Assignee, Spouse etc.)

Writing Producer's Signature

Writing Producer's Number

SECTION 10 – This section must be completed by the Producer.

For questions about this application or requirements, contact our New Business Department.

Producer Name (Please Print)	Producer ID Number	% Split

Each licensed Producer will share equally unless otherwise indicated.

1. If different than the Insured, did you personally meet with the Proposed Owner(s) and Payor (if different), obtain their Tax Identification Number(s) and view for each a government issued photo ID? (If **YES**, ensure Sections 3 & 5 are completed. If **NO**, please explain why.) ☐ Yes ☐ No
-
2. If this conversion is not pursuant to a provision in the policy being converted, have you fully completed and submitted with this application any Replacement Comparison, Notice, or Statement required by state regulation for any other policy that will be replaced or otherwise totally or partially terminated as a result of this conversion transaction? ☐ Yes ☐ No
3. If the Proposed Owner(s) is different than the current Owner:
- A. How Long have you known the Proposed Owner(s)? _____
- B. Are you related to the Proposed Owner(s)? ☐ Yes ☐ No
- If **YES**, how are you related? _____
- C. Does the Proposed Owner(s) understand and speak English? ☐ Yes ☐ No
- If **NO**, please explain: _____
- D. Was any other person present to answer questions? ☐ Yes ☐ No
- If **YES**, who was present and why? _____
4. Do you know of anything not disclosed in this application that may affect the risk of this life insurance purchase?
- ☐ Yes ☐ No If **YES**, please explain: _____
5. Remarks: _____

Producer's Certification

I certify that I saw and know the Proposed Owner(s) and Proposed Insured(s) to be the person(s) described in this application, and have reviewed the appropriate documentation, and have truly and accurately recorded the information supplied by the Proposed Owner(s) and Proposed Insured(s), that I know of no condition affecting the insurability of the applicant not fully set forth in the application, and that I have made no declaration, representation, or waiver regarding coverage or the provisions or terms of the application or policy. I further certify that I am licensed in the state in which this application was completed and have delivered all required notices and disclosures and fully complied with all privacy and replacement regulations. I also assume full responsibility for the delivery of the policy and the submission of the first premium.

Signed (Writing Producer): _____ Date Signed: _____

Phone Number: _____ Fax Number: _____ E-mail Address: _____

SERFF Tracking Number:	AMFD-127833190	State:	Arkansas
Filing Company:	Sagicor Life Insurance Company	State Tracking Number:	50288
Company Tracking Number:	5038		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	Individual Life Insurance Conversion Application		
Project Name/Number:	5038/5038		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment:			
	5038 Read Cert.pdf		

		Item Status:	Status
			Date:
Bypassed - Item:	Application		
Bypass Reason:	Please refer to the Form Schedule for the application. This is an application filing.		
Comments:			

READABILITY CERTIFICATION

To Whom It May Concern:

This is to certify that the attached forms achieved a Flesch Reading Ease Score and are in compliance with applicable laws and regulations as follows:

<u>Form #</u>	<u>Title</u>	<u>Flesch Score</u>
5038	Individual Life Insurance Conversion Application	50.7

Sagicor Life Insurance Company



Name: James Golembiewski
Title: VP Compliance & Associate General Counsel

November 16, 2011
Date